ST. JOSEPH'S HOME 9244 29TH AVENUE KENOSHA 53143 Phone: Operated from 1/1 To 12/31 Days Operate in Conjunction with Hospita Number of Beds Set Up and Staffed	s of al?	Operation: 365 High  No Oper	rship: est Leve ate in C e 18 (Me	Non-Profit Corporation Skilled No Yes				
Total Licensed Bed Capacity (12/31, Number of Residents on 12/31/02:	/02): ****	93 Title 91 Aver	e 19 (Me age Dail *****	dicaid) Certifie y Census: ******	:d? Y 	/es 02 :*********	*****	
Services Provided to Non-Residents								
Home Health Care Supp. Home Care-Personal Care	No	Primary Diagnosis	%	Age Groups	%		35.2	
Supp. Home Care-Household Services	No					More Than 4 Years		
Day Services	No	(- )-, -2,						
Respite Care	No		0.0	75 - 84	29.7			
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.4	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	18.7	Full-Time Equivalen	t	
Congregate Meals	No					Nursing Staff per 100 Re	sidents	
Home Delivered Meals	No							
Other Meals	No							
Transportation	No					•	14.5	
Referral Service	No	Diabetes	3.3	Sex	용	LPNs	3.1	
Other Services	No	Respiratory						
Provide Day Programming for		·		•		Aides, & Orderlies	46.6	
Mentally Ill	No			Female				
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
**********	****	**************************************	****** Reimburs	************** ement	*****	*********	*****	

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	<b>:</b>		amily Care			anaged Care	! 		
Level of Care	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	9	100.0	293	27	75.0	110	0	0.0	0	46	100.0	156	0	0.0	0	0	0.0	0	82	90.1
Intermediate				9	25.0	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	9.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		36	100.0		0	0.0		46	100.0		0	0.0		0	0.0		91	100.0

ST. JOSEPH'S HOME

********	*****	******	*****	*****	*****	*****	******
Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of $12/$	31/02
Deaths During Reporting Period	1						
					% Needing		Total
Percent Admissions from:		Activities of	90	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	5.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	7.1	Bathing	1.1		63.7	35.2	91
Other Nursing Homes	21.4		17.6		54.9	27.5	91
Acute Care Hospitals	58.9	Transferring	34.1		48.4	17.6	91
Psych. HospMR/DD Facilities	0.0	Toilet Use	33.0		39.6	27.5	91
Rehabilitation Hospitals	1.8	Eating	63.7		27.5	8.8	91
Other Locations	5.4	* * * * * * * * * * * * * * * * * * * *	*****	****	*****	*****	******
Total Number of Admissions	56	Continence		용	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	5.5	Receiving	Respiratory Care	2.2
Private Home/No Home Health	20.7	Occ/Freq. Incontinen	t of Bladder	53.8	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	3.4	Occ/Freq. Incontinen	t of Bowel	38.5	Receiving	Suctioning	0.0
Other Nursing Homes	3.4				Receiving	Ostomy Care	2.2
Acute Care Hospitals	12.1	Mobility			Receiving	Tube Feeding	2.2
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving	Mechanically Altered Diets	34.1
Rehabilitation Hospitals	0.0						
Other Locations	5.2	Skin Care			Other Reside	nt Characteristics	
Deaths	55.2	With Pressure Sores		4.4	Have Advan	ce Directives	93.4
Total Number of Discharges	1	With Rashes		1.1	Medications		
(Including Deaths)	58				Receiving	Psychoactive Drugs	52.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility	Non	ership: profit Group	50	Size: -99 Group	Ski	ensure: lled Group	Al: Faci:	l lities
	%	양	Ratio	00	Ratio	90	Ratio	양	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.9	87.5	1.13	87.1	1.14	85.3	1.16	85.1	1.16
Current Residents from In-County	89.0	79.3	1.12	81.5	1.09	81.5	1.09	76.6	1.16
Admissions from In-County, Still Residing	46.4	21.8	2.13	20.0	2.32	20.4	2.28	20.3	2.29
Admissions/Average Daily Census	60.9	124.6	0.49	152.3	0.40	146.1	0.42	133.4	0.46
Discharges/Average Daily Census	63.0	129.0	0.49	153.5	0.41	147.5	0.43	135.3	0.47
Discharges To Private Residence/Average Daily Census	15.2	50.5	0.30	67.5	0.23	63.3	0.24	56.6	0.27
Residents Receiving Skilled Care	90.1	94.7	0.95	93.1	0.97	92.4	0.98	86.3	1.04
Residents Aged 65 and Older	98.9	96.2	1.03	95.1	1.04	92.0	1.07	87.7	1.13
Title 19 (Medicaid) Funded Residents	39.6	56.7	0.70	58.7	0.67	63.6	0.62	67.5	0.59
Private Pay Funded Residents	50.5	32.8	1.54	30.0	1.68	24.0	2.11	21.0	2.40
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	45.1	35.5	1.27	33.0	1.36	36.2	1.25	33.3	1.35
General Medical Service Residents	25.3	23.8	1.06	23.2	1.09	22.5	1.12	20.5	1.23
Impaired ADL (Mean)	46.8	50.4	0.93	47.7	0.98	49.3	0.95	49.3	0.95
Psychological Problems	52.7	54.7	0.96	54.9	0.96	54.7	0.96	54.0	0.98
Nursing Care Required (Mean)	5.8	6.9	0.83	6.2	0.93	6.7	0.86	7.2	0.80